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SERIAL NUMBER 10/762,039	FILING DATE 01/21/2004 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. CLV-32813A
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/443,400 01/29/2003

SJS

** FOREIGN APPLICATIONS *****

NONE SJS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/03/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <u>SJS</u> Initials				

ADDRESS

31781
 CIBA VISION CORPORATION
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TITLE

Ophthalmic lenses

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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